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ORIGINAL COMMUNICATIONS.

RAMBLES IN MILITARY HOSPITALS.

PRISON HOSPITAL, ROCK ISLAND, ILL.

By R. M. LACKEY, M. D., A. A. Surg., U. S. A.

After a twelvemonth's rest, I once again resume my "Rambles," and this time I greet you from a different latitude from that in which I made my last excursion. This time I am not in Dixie, but where quite a large number of her deluded sons find a temporary abiding place.

The island upon which this prison is located, and long known as Rock Island, is situated in the Mississippi River, in latitude, north, about 40 degrees. Opposite the lower end of the island is the city of Rock Island, on the Illinois side, and Davenport on the Iowa side of the river. The island is high, and the surface rolling; the soil sandy, with gravelly, rocky subsoil. A large portion of it is covered with a growth of fine young timber, the larger timber having been nearly all cut off. The island contains about 1000 acres, nearly all of it belonging to Uncle Sam.

The only buildings of much importance on the island, except those erected recently by the government, are those built by Col. Davenport in 1839. The dwelling house in which he was murdered is a commodious, substantial frame building, and is now occupied by the Post Commandant, Col. Johnston, as his headquarters.

The barracks are built on a ridge running parallel with the river, near the bank on the north side of the island. The buildings are like those usually erected for such purposes, they have been hastily put up, and of green, wet lumber, so that after a few days' seasoning, the ventilation is ample.

There is excellent opportunity for drainage, but, unfortunately, from want of a little skill and foresight, or rather, I should say, for want of common sense in planning, there is not much gained by draining, as the engine and reservoir by means of which the place is supplied with water from the river, is placed below where the filth runs into the river, thus rendering the water used quite impure. But it is the medical department about which I desire to write more especially. The hospital was first organized by Dr. Thos. J. Ilis, of Davenport, Nov. 14th, 1863. There was then only four companies of the Invalid Corps here, but soon after 1,500 prisoners arrived, and of this number 10 per cent. were sick and subjects for hospital. No hospital had been erected, and a sufficient number of the barracks were appropriated for hospital purposes. Most of these men were sick with colds and pneumonia, contracted on the trip northward; they were poorly clad, and had been for a long time, probably, poorly fed, and consequently had but little stamina to resist the effects of cold. There was 327 sick prisoners admitted into hospital from Dec. 6th to Dec. 20th, 1863, and according to the record kept, there was of this number 189 sick with pneumonia. The others were mainly old cases of diarrhœa, debility, and acute rheumatism. The number of deaths during that time was 38, and of these 32 died of pneumonia, and only 6 from other diseases. It will be seen that the cases of pneumonia were

of a severe grade, for of the whole number admitted to hospital about 97 per cent. died of this disease alone, and of the whole number of cases about 17 per cent., and undoubtedly quite a number of those admitted during that time with pneumonia, died subsequently.

There is not so large a proportion of pneumonia cases now as previously, when there were more fresh arrivals of prisoners; those that do occur are mostly among those newly arrived. It is scarcely necessary for me to speak of the treatment pursued in these cases, as it is evident to every intelligent medical man, that it must be mainly supporting, by the admininistration of tonics, stimulants, and nourishment; these will not bear sedatives or depletion in scarcely any case.

The cases of rheumatism are usually treated with palliatives, a Dover's powder, 10 grs., at bed-time, and stimulating and anodyne liniments locally.

Variola is now the predominationg disease among the prisoners. There are at this time 771 patients in the prison hospital, and fully one-half this number are in the pest-house. There are a few cases of Camp Fever, and but few in proportion to the large number of men that are crowded together, and many of them exceedingly filthy in their habits. There is a strong tendency to erysipelas and hospital gangrene, so that the few cases of wounds that we have are exceedingly troublesome. The slightest abrasion of the skin often results in a dangerous erysipelatous inflammation.

Iodine is the remedy most used as a local application, and I am more than ever convinced that there is nothing better now in use; even in the so-called "hospital gangrene," I prefer it to Bromine. When a suppurating surface presents that condition we call "gangrenous," I at once apply a strong solution or the officinal Tinct. of Iodine, twice a day, and usually after a few applications I have the satisfaction of seeing the wound assume a healthy appearance, and Bromine can do nothing more.

There are between 8, and 9,000 prisoners here, and up to

this time, there has been about 1,900 sent to the hospital, and the whole number of deaths has been about 575. This shows a fearful rate of mortality, for the number of hospital cases.

Small Pox appeared among the prisoners first about the 1st of Jan., 1864. The disease was brought here by a lot of prisoners from Tenn., some of whom had been exposed to the contagion. From the first, the disease made rapid progress notwithstanding the medical officers made every effort in their power to stay its ravages. They insisted on the necessity of isolating the cases as they occurred, and protested against any more prisoners being sent here until the disease abated. But it was in vain in this, as in many other cases, for medical officers to try to accomplish anything without the co-operation of other officers.

It was some time before buildings were erected for a "pest-house," and even now with about 400 cases of small pox, there is only hospital accommodations for about 200, in a proper locality, and fresh installments of prisoners are arriving almost daily, and as a consequence the disease is fearfully on the increase. The mortality is proportionately greater now than when the disease first appeared, showing that from concentration of a large number of cases the virulence of the disease is increased.

A large amount of the "Saracenia purpura" has been used in the treatment of small pox here, and so far it has failed to have the beneficial effects that it is said to produce in variola. It is being fairly tested here, and it is hoped that it may prove efficacious. There is but little sickness in the garrison at present; a few cases, only, of small pox have occurred amongst our own men. But I have rambled far enough for once.

ON THE TREATMENT OF EMPYEMA BY CHASSIGNAC'S DRAINAGE TUBE.

By W. D. SLATER, M. D., of Chicago;

Graduate of Royal College of Physicians of England; Royal College of Surgeons of London and Dublin; late House-Surgeon Westminster Hospital, London.

Empyema is, perhaps, one of the most fatal and distressing diseases which comes under the notice of the Physician, and one in which every plan of treatment too often fails to afford any permanent relief, consequently any treatment which may restore the patient to life as it were, and in many cases be the means of curing the disease is well worth the earnest consideration of the profession.

Some time since, M. Chassignac of Paris, undertook to treat Chronic Abscesses by means of what is called the India Rubber Drainage Tube, consisting of a long india rubber tube which had been pierced at short intervals by numerous small holes, large enough, however, to allow the pus freely to escape. The tube was passed completely through the Abscess in the same manner as an ordinary seton thread, and the ends tied together so as to prevent any air making its way into the cavity of the Abscess. This treatment was followed with such marked success, that it was determined to try it in cases of Empyema requiring operative interference, and the results, so far, have been very encouraging.

The simplest manner in which the tube is introduced is as follows:—A trochar and canula having been passed into the pleura from behind, and the trochar withdrawn, a long probe to which the tube has been tied, is passed through the canula and forwards across the cavity of the pleura, and brought out between the ribs in front, this then cut down upon and with-

drawn, together with the end of the tube. The canula is then taken out, and the ends of the tube tied together. Pus immediately commences to escape through the small openings in the tube and the air is effectually excluded.

The operation itself is simple and gives very little pain; the inconvenience and irritation from wearing the tube is slight and does not require any interference whatever. The exact place in which the operation should be performed depends altogether on circumstances, and the operator should be guided by the rules laid down for paracentesis thoracis.

The advantage of this treatment is, that by the constant draining off of the pus, and its not being allowed to again collect in the pleura in any quantity, the lung is allowed to expand and remain expanded, thereby relieving the patient very materially, and at the same time giving other remedies and general treatment a much better chance of success than by the ordinary method of tapping.

In conclusion I give the history of two cases, in which this operation was performed, during the term of my House-Surgency at the Westminster Hospital.

Wm. Day—aged 22, sailor, admitted into Westminster Hospital, December, 1861. It was stated by his friends that a short time previously, he had suffered from pleurisy of the left side. A medical man had been called in but as he continued to get worse daily he was brought to the Hospital.

On examination, the left side was found to be distended with fluid, great dullness on percussion, no respiratory murmur to be heard, great difficulty of respiration, puerile breathing on right side, heart pushed a little to the right side, action labored, sounds normal, pulse very small and weak, countenance pale, anxious, and distressed, and the patient was altogether very weak.

The usual remedies to promote absorption were immediately employed and plenty of stimulants given, but in vain, for he continued to get worse for three days, when, owing to the exhausted state of the patient and the extreme dyspnœa, it

was decided to tap the pleura, which was done on the fourth day from his admission. An exploring needle having been first introduced, nearly two pints of clear, healthy pus were drawn off. This operation relieved him very much, but in a few days the sac commenced to refill, when it was determined to try the drainage plan, which was accordingly done. The pus escaped freely through the openings in the tube; he was placed on a nourishing and stimulating diet; blisters and other remedies were employed. He continued rapidly to recover; the pus gradually ceased to flow, and in six weeks from the time of its introduction, the tube was withdrawn. In two weeks from that date he was discharged perfectly cured.

James Barrington—aged 36, engineer, admitted into Hospital May, 1861. Has been suffering from pleurisy, for which he had been attended, but becoming much worse, his friends brought him to the Hospital.

On admission he was found to be suffering from a considerable effusion into the left pleural sac. Nearly three-fourths of the lower part of the chest was dull on percussion and the respiratory murmur was inaudible, the upper third was clear, and a distinct respiratory murmur could be heard, breathing on the right side was puerile, heart sounds healthy, pulse very weak, countenance distressed and anxious, dyspnœa very great.

The usual remedies were employed, but as he did not get any better during the week, it was decided to try the drainage tube. This operation was performed.

For the first twelve hours, he remained in pretty much the same condition, but after that time, continued steadily but slowly to improve.

He was allowed plenty of stimulants and a nourishing diet, together with the usual remedies. After wearing the tube nearly five weeks, it was withdrawn, and between three and four weeks after, he was discharged cured.

CLINICAL LECTURES ON DISEASES OF THE EYE.

By E. L. HOLMES, M. D., of Chicago,

Lecturer on Diseases of the Eye and Ear in Rush Medical College, and Surgeon of the Chicago Charitable Eye and Ear Infirmary.

THE CORNEA—INJURIES.

The diseases of the cornea are too numerous and too important to be dismissed with but few remarks, and yet three lectures must limit what I design to say upon the subject.

I shall ask your attention, to day, to the injuries of the cornea, and in the two following lectures shall speak of acute and chronic inflammation of this membrane.

The cornea is liable to several kinds of injury, which you should well understand. One of the most common is that, produced by the presence of minute foreign bodies, lodged either on its surface or in its deeper layers. Millers and machinists are especially liable to this accident; often receiving particles of stone or steel upon the cornea. These minute bodies are often readily removed, in fact mechanics not unfrequently acquire considerable skill in removing them from the eyes of their fellow workmen. Simple as it may appear, it requires some degree of delicacy and steadiness of manipulation to remove these little bodies from the cornea. It even requires some practice to detect them, especially if they are light-colored. But with good eye-sight, and with the habit of examining the surface of the cornea, you can scarcely ever fail to recognize their presence. They can, perhaps, be seen most readily if you stand behind the patient, seated before a window, and look obliquely upon the cornea from above. I usually remove them with the patient in the same position. If the particles are simply lodged on the surface, or in the epithelium, I generally make use of a slender piece of hard wood, with quite a fine and yet slightly blunted point. With one hand

the lids should be held apart, and with the other the point of the instrument should be carried gently against the particle, without scratching the cornea. If the foreign substance is deeply imbedded in the cornea, it is necessary to use some steel instrument, like a cataract needle with the point slightly dulled. It is surprising with what firmness the elastic tissue of the cornea grasps these little particles. Although the point of the instrument will readily lift some of them from their place, others can only be removed by repeated efforts—in fact they must be loosened on all sides—enucleated, as it were, before they can be dislodged. I have seen the most experienced oculists manipulate for more than a minute and not succeed in removing a piece of steel, imbedded in the cornea. Few patients possess sufficient fortitude to sit quietly through such an operation.

You will, therefore, generally remove particles deeply imbedded in the cornea, with less danger of injuring the eye, if you place the patient under the influence of chloroform. You then have perfect control of the eye.

Although I think it unnecessary to scrape the little wounds after removing pieces of iron or steel, for the purpose of clearing away the oxide that may remain, you should be aware that a steel instrument will sometime fracture a particle of cast iron or other hard substance. Care should be taken that every minute piece is taken away.

In very rare cases, where the particle is deep in the cornea, it may be advisable, first, to pass the point of a sharp lancet obliquely under the object. In this way the efforts to remove it with a cataract needle will be less liable to crowd the particle into the anterior chamber.

Occasionally you will meet with a case, where the fragment of metal or other hard substance has been thrown with such violence as to be forced through the cornea into the anterior chamber. The presence of such a substance in contact with the iris is very liable to produce troublesome iritis. It should be removed at once, by means of a fine pair of forceps, passed

through an opening near the periphery of the cornea. If this cannot be accomplished without danger of bruising the iris, I think the piece of iris to which the foreign body is attached should be removed with the particle, as in the operation for artificial pupil, which I shall describe at some future time. I may here state, however, that the evulsion of a piece of the iris is less liable to cause iritis, than either the contusion of some of its fibres, or the presence of a minute foreign body upon its surface.

After the removal of bodies from the surface of the cornea little treatment is usually required. Rest, with the application of compresses, wet in cold water, is sufficient. It is surprising how rapidly these little wounds of the cornea generally heal. Sometimes, however, they do not heal readily, but become chronic ulcers. I shall hereafter allude to the treatment of such cases.

There is a class of accidents, which I have almost invariably found in the practice of others, and in my own experience to be exceedingly grave. I refer to severe burns, whether produced by boiling liquids, pieces of hot metal, caustic acids, or alkalies. The portion of the cornea in which the vitality is totally destroyed soon sloughs. The portions around this in a short time become the seat of a very severe inflammation which extends to the conjunctiva, and is accompanied with a muco-purulent discharge. Even where the burn is quite limited in extent, the cornea is often destroyed by the subsequent inflammation. One of the first symptoms of this inflammation is a loss of transparency, which becomes more and more marked, till a part or even the whole of the cornea becomes opaque. The cells thus modified are very apt to die, either slowly, as in ulceration, or rapidly, as in sloughing.

The prognosis in these cases, even when for a time apparently of little importance, should be cautiously given. The destructive inflammation may extend to other important parts of the eye, absolutely destroying vision, or the least that may be feared, it may be confined to the cornea, leaving an opacity encroaching more or less extensively over the pupil.

On being called to these cases, it should be your first care to remove all irritating substances from the eyes. This can be accomplished by a constant but gentle stream of cool water thrown between the lids. A solution of sugar and water is said to dissolve lime more readily than clear water. All foreign particles, like sand, ashes, or cinders, must be carefully removed. Few patients can bear the pain of thorough examination and cleansing of the eye in cases of burns, unless under the influence of chloroform. It is consequently always advisable to make use of this agent in the examination of those cases. Subsequent pain should be controlled by the use of anodynes internally, and cold compresses locally. Sometimes a couple of drops of a solution of neutral sulphate of atropine —grs. iv to the ounce—instilled between the lids every hour, will relieve pain. A few drops of pure castor oil, or olive oil, introduced in the same way, are soothing to the eyes, especially when particles of caustic remain under the lids. After the slough produced by the burn has been cast off, and inflammation well established, the muco-purulent discharge which attends it should be checked by the careful use of a solution of nitrate of silver, varying in strength from two to six grains to the ounce.

Punctured and incised wounds of the cornea, if so small as not to admit prolapsus of the iris, usually require little treatment, except rest for a few days, wet compresses and a spare diet. When the wound is near the centre of the cornea, and prolapsus of the iris has occurred, the use of atropine, as just directed, may draw the iris from the opening, especially if the incision is small. This plan will scarcely succeed if inflammation has already commenced. It is allowable immediately after an accident, if prolapsus of the iris exists, to endeavor to reduce it by gentle efforts with the end of a probe or other similar instrument. Although such efforts will occasionally be attended with wonderful results, it should be remembered that the iris seldom escapes injury by such a use of the probe. Traumatic iritis is very liable to follow such an injury. It is

scarcely necesssary to say that the reduction of a prolapse of the iris should only be attempted after the patient is under the influence of chloroform. It is undoubtedly a better practice after a prolapsus has been established, to clip off the protruding portion of the iris with a delicate pair of scissors, especially if it projects far and is painful, and easily irritated by the motion of the lids. It might be well in certain cases to pass a fine ligature around the prolapsus, close to the cornea, as in changing the position of the pupil by irridesis. You are aware that the total destruction of small parts of the iris, either by removal with the knife or by ligature, is less dangerous to the iris and to the eye than even slight bruises. Hence the two little operations just described are usually less dangerous than efforts simply to replace the iris in the anterior chamber.

When the iris protrudes through a small opening near the periphery of the cornea, it might be well to try the effects of extract of Calabar bean, which possesses the property of producing strong contractions of the pupil. Large wounds parallel or nearly parallel with the periphery of the cornea, are less liable to produce prolapsus, and heal more readily than wounds of like extent nearer the centre. Such injuries almost always heal with loss of vision, although wonderful instances of perfect restoration of sight are reported in works on diseases of the eye. The edges should be adjusted as accurately as possible, and the same treatment pursued as after extraction of cataract. It is your duty to urge upon patients with even the slightest injuries of the cornea, the danger of exposure to too strong light, changes of temperature, or other causes of irritation. Injuries apparently the most insignificant have terminated in loss of sight. It is one of the most important points in the treatment of these cases, to direct particular attention to the state of the patient's health; in vitiated diathesis, to support and nourish rather than deplete. I believe mercury is almost never required in injuries of the cornea.

As works of reference upon this subject as well as upon injuries of the eye generally, I would refer you to the work of W. W. Cooper, on Injuries of the Eye, and to the chapters on injuries in the works of McKenzie, Lawrence, and Walton.

PROCEEDINGS OF MEDICAL SOCIETIES.

MONTGOMERY COUNTY MEDICAL ASSOCIATION.

Pursuant to a call, the physicians of Montgomery Co., Ind., met in Crawfordsville, at the office of Dr. S. B. Morgan, on the 24th of October, 1863.

Dr. M. Herndon was called to the Chair, and Dr. E. W. Keegan appointed Secretary.

On motion of Dr. English, a committee consisting of Drs. Wilson, May and Detchon, was appointed to draft and present to the Society at its next meeting, a Constitution and By Laws.

On motion of Dr. Edgerlee, a committee consisting of Drs. E. Detchon, J. J. Shannon, J. G. McMechan, R. G. English, A. T. Steele, H. Keeney, and J. S. French, was appointed to prepare and present a schedule of prices for the government of the members of the Society.

Adjourned to meet Nov. 7, 1863.

Nov. 7th, 1863.

Montgomery County Medical Association met pursuant to notice at adjournment.

Minutes of the preceding meeting were read and approved.

Reports from the committees on Finance, and on Constitution and By-Laws were read and approved.

On motion of Dr. English, the Association proceeded to the election of Officers for the ensuing year, resulting as follows:

President, Dr. M. Herndon; Vice Presidents, Drs. S. G. Irvin and R. G. English; Rec. Sec'y, Dr. E. W. Keegan; Cor. Sec'y, Dr. J. B. Wilson; Treasurer, Dr. E. Detchon.

Ordered, that the annual meeting of the Association, shall be held on the first Wednesday in January of each year, in Crawfordsville, and the quarterly meetings at such places as may be designated.

Committees were appointed to report at the annual meeting in 1865, on the following branches:

Surgery—G. W. Edgerlee, M. D., Chairman, S. G. Irwin, M. D., and J. B. Wilson, M. D.

Theory and Practice—R. G. English, M. D., Chairman, J. G. McMechon, M. D., and E. Detchon, M. D.

Obstetrics—S. B. Morgan, M. D., J. J. Shannon, M. D., and M. S. Bass, M. D.

Materia Medica—J. Sloan, M. D., J. McClelland, M. D., and A. F. Steele, M. D.

Physiology—Stowe Detchon, M. D., W. S. May, M. D., and E. W. Keegan, M. D.

Chemistry and Medical Statistics—J. W. Straughan, M. D., S. G. Irwin, M. D., and E. Detchon, M. D.

Ordered, that the proceedings be published in the *Chicago Medical Journal.*

Adjourned to meet January 7th, 1864.

E. W. KEEGAN, Rec. Sec.

AURORA MEDICAL ASSOCIATION.

Aurora, Feb. 11th, 1864.

The Aurora Medical Association met at Dr. Young's office. The President and Vice President being absent, the Secretary, Dr. Young, called the Association to order, and on motion of Dr. Howell, Dr. P. A. Allair was chosen Chairman, *pro tem*

Dr. Howell proposed Dr. J. Woodworth for membership who was duly elected, and signed the Constitution.

On motion of Dr. Higgins, the Association proceeded to the election of officers for the ensuing year, and the following named gentlemen were duly elected:

President, D. W. Young, M. D.; Vice President, P. A.

Allair, M. D.; Secretary, J. Woodworth, M. D.; Treasurer, A. D. Howell, M. D.

Dr. Young offered the following:

Resolved, That the undersigned, practitioners of Medicine of the city of Aurora, do hereby agree and pledge ourselves to each other, as honorable men, that we will not do profes sional business for any person or persons, who have failed or refused to pay or settle their medical bill to their Physician, and whose names are reported to us or either of us as having so failed or refused to pay such medical bills; and we each further pledge ourselves, one to the other, to report and place on our "BLACK LIST" the names of every person or persons so failing or refusing to Physicians signing this Resolution, and, that we will, under no circumstances, attend them nor their families, until they first furnish satisfactory evidence of their settling with their prior attending Physician.

On motion of Dr. Woodworth, it was unanimously adopted, and the Pres., Dr. Young, appointed to circulate this resolution and obtain the signatures of all the Physicians in the city.

On motion of Dr. Young, the Sec'y was instructed to furnish a copy of our proceedings to the *Chicago Medical Journal*, for publication.

On motion of Dr. Howell, the Association adjourned to meet at Dr. Young's office, Feb. 18th, 1864.

J. WOODWORTH, Sec.

ILLINOIS STATE MEDICAL SOCIETY.

The regular annual meeting of the Illinois State Medical Society will be held in Chicago, on the first Tuesday in May, 1864. Every regularly organized local Medical Society is entitled to send one delegate for every ten members, and an additional delegate for a fraction of more than half of ten. Each Medical College and Hospital is entitled to two delegates. We hope there will be a general attendance from all parts of the State.

N. S. DAVIS,

Chicago, March 5th, 1864. Permanent Secretary.

AMERICAN MEDICAL ASSOCIATION.

The 15th Annual Meeting of the "American Medical Association" will be held in the City of New York, commencing on Tuesday, June 7th, 1864, at 10 o'clock A. M.

GUIDO FURMAN, M. D., Secretary.

New York, March, 1864.

SELECTED.

PHYSIOLOGY AND PATHOLOGY THE TRUE FOUNDATIONS FOR MEDICAL PRACTICE.

EXTRACT FROM A LECTURE

By JOHN HUGHES BENNETT, M. D.

When we investigate closely into what is actually known of our therapeutical means, divided into alimenta, hygienica, and materia medica, it will be seen that we have no exact details founded on scientific research. What we require is, that such details must be first arrived at, and then applied in accordance with pathological laws. These point out that all treatment must be general and special—general as regards the nature of the disease, special as regards its seat. The great problem in conducting any given case is to carry out both indications, so that one does not interfere with the other. If, for example, the object be to favor the removal of inflammation or tubercle from the lung, the means requisite for that end must not be put aside or counteracted by a desire of alleviating pain, breathlessness, or expectoration. Indeed, one point of great importance, and which clinical observation has in recent times made manifest, is, that general and local symptoms frequently bear no relation whatever to the fatality of the lesion. Thus, an extensive acute inflammation of the lungs, a febricula, or an impacted gall-stone, may cause the most violent symptoms and perturbation of the economy, and yet spontaneously terminate in recovery in a few days; while a phthisis, a pleurisy with effusion, or even a pneumothorax, which may permanently destroy the action of a lung, may come on imperceptibly, and cause only trifling functional symptoms. To the pathologist, therefore, such symptoms are no longer the same guides to treatment as they used to be. They do not so much excite his regard as the causes or structural and chemical lesions which produce them, for he knows that the former will disappear if the latter are removed. It need not, therefore, excite surprise that as our knowledge of pathology has advanced, and our means of diagnosis have improved, we direct our attention more to the morbid alteration

and less to the temporary effects. In this way it has gradually become manifest that so far from doing good by attempts to relieve symptoms, we positively do harm to the disease. If, for instance, impaired digestion cause headache and sleeplessness, the relief of these symptoms by morphia is anything but beneficial, inasmuch as it depresses the nervous system and diminishes the appetite, and so increases the real disease. For the same reason, of what advantage can sedatives and cough mixtures be in phthisis? The true indication for treatment is to strengthen the appetite, increase the nutrition, and invigorate the frame. Medicines which only temporarily lull irritation, create nausea, destroy appetite, and favor diaphoresis, however they may relieve symptoms, can never arrest the disease.

Not long ago a young American physician brought under my notice a tincture of the veratrum viride, which he maintained possesses the power of diminishing the force of the pulse, and said that on this account it was a most valuable medicine in fevers, inflammations, and other diseases where the pulse was excited. But pathology indicates that so far from lowering the pulse in these disorders, what is required is in truth to support it, for the reasons I have formerly mentioned. Indeed, I can not conceive any circumstances in which such a remedy, even if it possessed the virtues ascribed to it, can be useful. But it so happens that several years ago Dr. Norwood, of Nashville, in the United States, sent me a bottle of the tincture, which I tried in several cases of fever in the infirmary. In every instance the medicine caused violent vomiting, pain in the stomach, weak pulse, and symptoms of collapse, and had to be discontinued; but in no one instance did it shorten the disease or improve the symptoms — quite the contrary. Yet this remedy is once more recommended to us on the ground of subduing, not a disease, but a symptom, although everything we know of pathology and the natural history of fevers and inflammations is entirely opposed to its employment.

In the same manner, hosts of new drugs, or new preparations of old ones, are constantly extolled and recommended on the most insufficient data, no one seeming to think it necessary to make experiments, careful observations, or deductions, but appealing only to a very limited experience. But we have previously seen that even where experience has been universal and unanimous—as in the case of bloodletting in inflammations—what mischief and error have arisen from unacquaintance with physiology and pathology.

As another example, let us for a moment consider the con-

tradictory opinions that prevail with regard to a medicine which, perhaps, has been more extensively tried than any other; I allude to mercury. I need not cite the extravagant praises which it has received from its partizans. It will suffice to say, that the most accomplished professor of materia medica in these times tells us that, physiologically, it is "a corrosive, irritant, errhine, cathartic, and astringent; a stimulant, diuretic, diaphoretic, cholagogue, and emmenagogue; and an excitor of that peculiar state of the constitution denominated mercurial action, of which salivation is one of the chief local signs. Therapeutically," he says, "it is antiphlogistic, alterative, sedative or contra-stimulant, deobstruent, antisyphilitic, and anthelmintic." (Christison.) A drug possessed of such wonderfully extensive and varied powers should certainly by this time have had its virtues universally recognized; yet the fact is that, with the exception of its action as a sialagogue and a cathartic, there is scarcely one other of its supposed virtues that is not disputed.

Is mercury a cholagogue? We have no proof whatever that it increases the secretion of bile; and the only experimental investigation with which I am acquainted—viz.: that of Dr. Scott, who gave calomel to dogs, and then collected the bile through a fistulous opening made into the biliary duct, found it in three days to diminish the quantity of that fluid.* Is it an antisyphilitic? In recent times it is admitted that syphilis has diminished in intensity just in proportion as the use of mercury has declined; and the gigantic experiments made on entire garrison regiments in France, Germany and Sweden, prove that the non-mercurial treatment of syphilis is far superior to the mercurial in every respect. Is it antiphlogistic? All that we know of modern practice negatives the idea. Does it cause absorption of lymph or the coagulated exudation? The clinical observations of Prof. John Taylor, of London, in pericarditis, and of Dr. Williams, of Boston, United States, in irritis, are opposed to such a supposition.

Then as to its mode of administration what differences exist. Some give it in large, others in small doses—some in acute, others in chronic diseases of the same kind. Some argue that it should precede, others follow venesection. Some combine calomel with blue pill to intensify its action; others with opium for the same reason. Its applications are so numerous and contradictory, that the question may well be, not for what dis-

*Beale's Archives of Medicine, vol. i, p. 269.

eases is it useful, but rather, which has *not* been represented to be benefited by this drug? In the meantime, it has been admitted that it arrests the appetite, checks nutrition, excites a peculiar fever and erethism, produces a coppery taste in the mouth, furred tongue, and salivation; and the pathologist may well inquire how a poison operating in such a way can have any curative tendency whatever?

Now why all this uncertainty as to the therapeutic action of drugs? My answer is—In consequence of our ignorance of an exact diagnosis and of a true pathology. Many persons think that the science of therapeutics is to be advanced by trying the effects of drugs on animals, by clinical observation, by records of cases, and so on; but whatever amount of knowledge may be thus arrived at, it can never be advantageous for medical treatment, until, as I have endeavored to show, we are capable of recognizing with exactitude the disease we investigate, and, secondly, know its nature and natural progress.

These steps must be preliminary to all advance in therapeutics, and that they have not hitherto been made so, is at once the explanation of past failure, and the indication for future success. The true promoters of therapeutics, consequently, are not those men who pass their lives in treating patients as well as they can from the results of pre-existing or present knowledge; they are not those who are constantly arranging the opinions and assertions of former writers as to the effects of past treatment; but they are those who direct all their energies to improving diagnosis and advancing physiology and pathology. This conviction must force itself on the minds of all who seriously consider the subject, and, in truth, it is the one which renders every earnest and truthful student amongst us a pathologist. The result is already obvious. We are gradually sweeping away the errors of empiricism, slowly clearing the ground for the erection of a more simple and solid temple of knowledge. This accomplished, we hope to accumulate, by laborious toil in research, materials for its foundation,—a work to which I think we are gradually approaching,—in the hope that, by patience and perseverance, a day will arrive when Medicine will be generally allowed to have approximated towards, if it does not actually reach, the character of an exact science.

The true principles, therefore, which should guide our efforts to advance therapeutics are—

1st. That an empirical treatment derived from blind authority, and an expectant treatment originating in an equally blind faith in nature, are both wrong.

2nd. That a knowledge of physiology and pathology is the real foundation and necessary introduction to a correct study of therapeutics.

3rd. That a true experience can only have for its proper aim the determination of how far the laws evolved during the advance of these sciences (physiology, pathology and therapeutics) can be made available for the cure of diseases.

THE CONSUMPTIVE CURERS OF NEW YORK.

By an Invalid M. D.

With regard to life it has been said by a late writer, that "we persuade ourselves that it teems with novelties and delight; that it abounds with high festival days and gala shows, somewhere in happier regions, although they come not to us." This remark is especially true with regard to the hopes and expectations of the invalid.

Art may fail him at home, measures which he must feel are well directed, may disappoint, friends may mournfully walk around him; still his mind at times overleaps all, and loves to revel in the idea that somewhere, in some unknown land, there lives the mind to conceive, and there exists the remedies which it can direct, for his recovery.

The sweet solace of the mind, Hope, as every one knows, is the constant attendant on consumption, where it is, indeed, a heavenly visitant. Wasting day by day, who has not seen the wretched victim letting go the greater hopes of yesterday, which may have pointed him to a complete recovery, but to cling the faster and with as sweet content to those of to-day, although they promise only a partial convalescence.

I cannot conceive of a more beautiful dispensation of Providence than this. Round and round in a narrowing circle, day by day, but nearer the end, yet there is always hope that the last thing tried, despite of preceding failures, will prove just what is wanting. So sweet a comfort the pitying angel must send for a good purpose. But so much good comes not unmixed with evil; for this very buoyant feeling of hope is taken advantage of by designing men, whose promises to furnish remedies to suit every case, are only equalled by the extent of the popular credulity. I believe that it is in ignorance, that

such deceive the afflicted. If there are any who do it knowingly, who *will* take advantage of this heaven-born feeling for the purpose of money-making; to them I have but to say with Othello:

> Never pray more: abandon all remorse,
> * * * * * * *
> For nothing canst thou to damnation add,
> Greater than that.

Messrs. Editors, guided by just such feelings as I have attempted to describe, I directed my footsteps to the great city of New York. I have a large cavity in the upper part of the left lung, and I had been told with a sad voice and a firm aspect, by one whom I loved and had every reason to respect, that softening had already begun in the apex of the opposite organ; and I am emaciated to the last degree. Nevertheless, from the glowing accounts which I had heard of the wonderful power over the disease, possessed by numberless men in this great commercial emporium of our Union, I resolved to proceed thither at all hazards.

My mind was filled with vague, but most embarrassing hopes, shadowy outlines of superhuman skill, in men, high above their fellows in point of pure humanity and disinterested devotion to the science of life, flitted before my morbid vision, giving me strength to endure the journey.

Two great parties I found engaged with equal zeal in this important work. The one I shall describe as the constitutional class, or those who adopt a general treatment; the other the local, or those who adopt a strictly topical method of cure. I had been educated in the former school, and did not tarry long with its professors.

Improve the nutrition,—cod liver oil—good diet—much out door exercise,—measures which I knew had saved me so far, were all they could tell me about, but knowing all this before, I was not satisfied, and wished to go farther; for these I found were not the men who were doing so many wonders. I diverged a little into the intermediate class—a sort of divining doctor, by spiritual agency—who had an immense run, as I learned, among the clergy. The Dr. was overrun with patients —his ante-room was like the lobby of a theatre on the night of a popular actor's benefit.

I took my seat, and abiding my turn, it came at last. I found behind the scenes, one having the air of "a most prosperous gentleman," who looked through my case with an imposing flourish—smiled approvingly—received a fee,—I thought an

enormous one,—and bade me follow him and I would be well. Conducting me back into the ante-room, he sang out some words in an unknown tongue to a clerk near the window, who wore a remarkably stiff, standing shirt collar, and then, with a graceful wave of the hand, withdrew. This latter person at once handed me a package of medicine, already neatly put up in a handsome paper box. Ah, said I in surprise, did you have it ready? Yes, said the clerk, carelessly, I saw you come in, and whilst you were waiting to see the Boss, I put it up. Then, rejoined I with warmth, you knew beforehand what he intended to give me?

The clerk with a stiff standing collar, thrust his tongue into his left cheek, drew the lower lid of his right eye grimly down with his ring finger, leered at me significantly, but with much good nature, and I departed, I trust a wiser man.

After visiting a man who had told me that he had enjoyed the honor (hitherto unknown to Americans) of being the physician for many years to her majesty, Victoria, queen of England, and that he had a book which he sold for 12½ cents, which would tell me how to cure myself of any disease as well as he could; and which I did not buy for reasons which must be obvious; I became disgusted with this whole class, and having no other alternative, threw myself into the arms of a Topical party, with hope still undiminished.

But in this there was some difficulty, for I found two parties, and which to select perplexed me some. The one I shall characterize as the *Probangers*, the others the *Inhalers*. From what I learned, the history of these parties is possessed of no little interest.

It appears that the Probang, and its accompanying sponge and caustic, were not originally used to cure consumption. In simple throat affections, however, it had had an immense run. Clergymen every where had tried it, and such of their flocks as they could influence had followed suit, and the whole thing became rapidly much in vogue.

Finding how easily it went down the throats of the people, it bye and bye took a bolder stand, and stoutly proclaimed its power to cure consumption, in its most common form. Still, it must be remembered, in all this time it never claimed to go beyond the bifurcation. But we all remember how popular it was, and what vast sums of money it must have made.

Whether it was the latter, which is a great stimulus to invention, or some higher motive, it is certain that this thing did not pass unnoticed. Active minds were at work, and vigorous

intellects became engaged in tapping this rich mine, and in pushing farther the investigation. As the result of all this, inhalation turned up. The probangers were taken on their own ground—the people were told that if topical treatment, so partially applied, was successful, how much more were they entitled to expect from a method making the whole lung accessible to medical agents. The reasoning was plausible—the thing took—Probangdom tottered to its very base, and inhalation became the rage.

But our friends were not to be put down in this manner; they were penetrating men, and at once saw that all they had to do was to go a little deeper. The old idea of the bifurcation being the limit of the probang was therefore abandoned, and it was proclaimed that cavities could be invaded and sponged out, and that inhalation could not dare do more than it.

This was the state of things at the time of my visit, and it was this which led to my perplexity already spoken of.

But as I had already (as every body else almost have done in my situation) used the probang, as far as the bifurcation, as it was said to have been applied, I at length decided upon inhalation, and repaired without delay to its head-quarters in the city. The Doctor received and examined my case with exceeding care. At home, my medical friends could perceive at a glance, as they told me, by the flattening of the left side of the chest, and by its quiescence during respiration, the nature of my disease, but these signs were not sufficient for my new adviser.

He stripped me to the skin, measured, percussed, and auscultated, over and over again every part. I never saw so much pains, and would have thought some of his manipulations indicative of decided 'greenness," but for the exalted reputation and obviously large experience of the operator. He found my case a very beautiful one—I was, he said, just enough diseased to test the full power of his method. In the course of his remarks, however, it turned up that this person was not the genuine man so widely known, and I dressed myself with some show of indignation. He took my complaints very quietly, and showed me into the next room. The person who there received me won my heart. He showed me around, examined my case, predicted "a good time coming" for me soon, but in the midst of it all, announced himself as only an assistant, and appeared greatly surprised that I should think anything of that. I stamped in rage, and announced that I

had come all the way from Virginia just to see the genuine article, and would not be satisfied with any substitute. This gained me admission into the great man's presence. I found him superb. My account of my reception amused him much, and we became unreserved and quite intimate.

The fact was, he told me, that these fellows had come well recommended to him,—the business had prospered in their hands—he was no judge of qualification—didn't pretend to it —had seen an opening for it, had got the business up, and managed only the advertising and money department. In short, said he, I am only the capitalist of the concern. The little fellow you first saw, he furthermore proceeded, is I think myself, a little too fussy over the chest, but the other one, I do think, is *nice* for the throat.

I had one other chance, which was to have my cavity sponged out. The Doctor told me my case was a beautiful one for the treatment. I admired his ingenious arguments in favor of his method, and was quite carried away by his charming description of the *rationale* of the whole operation. When he finished, I announced, with enthusiasm, that I was a convert to his views, and pronounced myself ready at any moment for the operation. He examined me again with greater care, and with a faint touch more of gravity in his countenance. It was just the thing for my case, said he, and would have to be done, but not then. You get back home, he proceeded, and *get a little more strength*, and then return, and I'll perform the operation for you.

One hour afterwards, feeling as a doomed man, I left the great city of New York. The consumption curers have taken from me all my bright hopes, and left me but a mockery.—*Virg. Med. and Surg. Jour.*

MINERAL ACIDS IN DYSENTERY.

By Dr. JAMES HENDERSON, Medical Officer to the Chinese Mission Hospital, Shanghai.

[The following is from the Annual Report of the Hospital at Shanghai—a hospital which, from the great number of patients and the variety of the cases treated, must well tax the energies of its sole medical officer, and reflects the greatest credit on his professional skill.]

I found cholera and dysentery prevailing to a great extent and proving very fatal. Soon after the middle of September, I became much struck with the rather unusual type which dysentery in most cases assumed. A few days after the disease commenced, typhoid symptoms usually appeared, great prostration supervened, frequent pulse with a dry brown tongue, and sometimes slight delirium. The whole nervous system seemed prostrated, plainly indicating stimulant treatment, and yet the ordinary stimulants produced no beneficial or decided effect. Wine, brandy, ammonia, camphor, mercury and opium seemed in many cases useless, either to modify the bowel complaint, or rouse the nervous system; indeed, mercury and ammonia seemed to do mischief. Quinine, when retained, appeared to do good, but only in some cases would it remain on the stomach, the mortality was great, and decomposition of the body unusually rapid. On examining the blood of some patients, and comparing it with blood taken from a healthy individual, the former gave a much more decided alkaline reaction than the latter. Even the urine of patients with typhoid symptoms gave in many cases an alkaline reaction, thus indicating a condition of super-alkalinity in the body, or at least, a deficiency of acid. This led me to adopt an acid mode of treatment, which proved decidedly beneficial and successful; and as hydrochloric acid enters so largely into the composition of the tissues of the body, I preferred it to the other acids. It is best to give it with some bitter tonic and a little laudanum, if necessary, every three or four hours, and after the second or third dose, a change for the better is in most cases visible. After adopting this method of treatment at the end of September, very few died, if the treatment was commenced before complete prostration of the nervous system ensued. The patients themselves seemed to feel the good effects of the acid, one man who was admitted in a very weak and prostrate state, with frequent and painful stools, used to call out for more medicine, declaring that it put new life into his body. In about two-thirds of all the cases of dysentery which presented themselves, between the beginning of September and the middle of December, symptoms more or less of a typhoid character were present, and, in a large number they were very marked and decided.

Some cases of pure typhoid fever occurred during the months of November and December, and in the treatment of this disease, the beneficial effects of hydrochloric acid were strikingly manifest. In the treatment of typhoid fever they seem to me

as decidedly beneficial and *specific*, as the effects of quinine in ague. Through the "London Medical Times and Gazette" I have recommended a *full* trial of this remedy, in typhoid fever and in dysentery with typhoid symptoms, to be made in the London hospitals. The good effects of hydrochloric acid in typhoid fever are easily explained. Ammonia in large quantities is constantly formed and emitted from the body of a patient with typhoid, and indeed in all cases of low fever. In all cases and conditions, where destructive metamorphosis of the tissues of the body proceeds more rapidly than the nutritive metamorphosis, an excess of ammonia is given off from the body, and the blood is found to be more alkaline than when the functions of the body are in a normal state. The breath even, when analyzed after fasting or great exertion, contains a larger proportion of ammonia than after rest. Moreover, it has been proved by injecting ammonia into the veins of animals, that symptoms are produced exactly similar to those in patients suffering from typhoid fever. Thus clearly indicating that in typhoid fever there is an excess of alkali in the system, in other words, there is not acid present in sufficient quantity to neutralize the alkali, and surely in such a condition a treatment by acids is clearly indicated. The blood of patients suffering from scurvy and purpura, is almost exactly the same as the blood of a patient in typhoid fever. These diseases are universally treated by acids, and why should not also low forms of fever?

In most cases, after the second or third dose, the tongue begins to clean, there is less thirst, the diarrhœa abates, and there is less depression and languor. When there was delirium or low muttering, I gave the acid and bitter infusion in half a wine glass-full of port wine, instead of cold water, which improved all the symptoms even in the most acute cases In many cases of dysentery, ipecacuan wine given with the acid was useful.—*Braithwaite's Retrospect.*

ON GALL STONES.

By Dr. J. L. W. THUDICHUM.

A knotty point which Dr. Thudichum has helped to solve is the nature of the morbid process to which gall-stones owe their origin. In this process two things have to be considered.

(1.) The decomposition of the bile, and consequent precipitation from it of the different materials which form the nuclei of gall-stones. (2.) The mode in which such precipitates come to form concretions. The cause of the decomposition—that is to say, the pathological condition of the liver in which it originates—is still a mystery. Dr. Thudichum suspects it to be some putrid ferment generated in, and absorbed from, the intestinal canal. But, be the cause what it may, the fact that the first step in the formation of a gall-stone is decomposition of the bile and precipitation of certain of its ingredients, is now undisputed; and by the light of the chemical changes which he has ascertained to take place in putrefying bile outside the body, the author attempts to explain the exact nature and successive steps of this decomposition. His explanation is too long for quotation. We would merely remark that it appears to us very reasonable, being (as he fairly claims it to be) "derived from all the data on record, with only so much of hypothesis as seemed justified by the amount of incontrovertible knowledge." As to the second point, viz., how concretion of the precipitates is effected, he shows the untenability of the old hypothesis, which ascribed it to inspissation of mucus or bile, and maintains that "the binding material of the nucleus of gall-stones is cholic acid, or chloidic acid, or both."

The author's description of the symptoms of gall-stone colic is of great value, because based exclusively upon cases in which the gall-stones were found after death. The general opinion that these concretions produce symptoms only when lodged in the *common* duct, has (he observes) of late "become very doubtful, as it has been found that calculi in the *hepatic* duct or ducts produce symptoms of a peculiar kind, differing from the symptoms of gall-stones in the gall-bladder and common duct by the absence of pain, end having the greatest resemblance to chronic intermittent fever. In one case treated by Frerichs for a long time by means of quinine and other febrifuge remedies, the rigors and other symptoms simulating fever were caused solely by calculi in the hepatic duct; their presence had not been suspected during the life of the patient."

Retardation of the pulse, he holds to be a pathognomonic symptom in this disease. In forty-five cases observed by Wolff, "the symptom of diminished frequency was so constantly found during frequent observations, that in doubtful cases (*i. e.*, in absence of jaundice) it was mainly relied upon for the diagnosis."

Jaundice, he believes to be by no means of such frequent occurrence during the passage of gall-stones as is commonly supposed. It was present in only twenty out of Wolff's forty-five cases. "The number of cases in which no jaundice appears is probably still larger in comparison to those in which it appears, as cases of the former kind easily escape diagnosis, while those accompanied by jaundice are never lost sight of."

Dr. Thudichum's remarks on the treatment of gall-stone disease, though advancing nothing positively new, contain some useful practical hints. He illustrates the necessity of leaving remedies, and directions for using them, with persons who have once had serious gall stone colic, so that, in the event of any sudden return, they may be employed without loss of time. The only known internal remedies effectual in mitigating the pain during the paroxysms are anodynes, such as opium, belladonna, and ether; but much caution, he shows, is needed in their administration, because when they have been taken in large doses they are apt, after cessation of the pain, to produce dangerous symptoms of narcotism. Both reason and experience, in his opinion, contra-indicate any abstraction of blood, either general or local, during the passage of the concretions. Their solution in the living body he believes to be impossible; their expulsion during the use of certain mineral waters (Carlsbad, Marienbad, Ems, Vichy, and others) he admits, but confesses himself unable to explain. He summarily condemns the practice of giving mercury in cases of jaundice from calculous obstruction, "or in any other cases of jaundice from whatever cause, syphilis excepted. Calomel is not a cholagogue, but diminishes the secretion of bile....." We cannot go the same length as Dr. Thudichum in condemnation of this remedy. To give it in jaundice from obstruction is manifestly senseless and mischievous. But, be the action of mercury what it may, in many cases of functional jaundice (especially in children) we find a moderate dose of calomel set the patient to rights so promptly, efficiently, and safely, that even Dr. Thudichum's strong disapproval will not persuade us to discard its use.—*From Dr. Thudichum's recent work on "Gall-Stones; their Chemistry, Pathology, and Treatment."—Med. Times and Gazette, Aug.* 8, 1863, *p.* 151.

EFFICACY OF

SESQUICHLORIDE OF IRON FOR THE TREATMENT OF ULCERS ABOUT THE NAILS.

By Dr. M. BILLON, Surgeon 19th Regt.

Dr. Caillet, of Luynes (Indre et Loire), having recently published a case in which the application of sesquichloride of iron effected a cure of the affection popularly termed *the growth of the nail into the flesh*, I take this opportunity of recording several instances of the same kind, witnessed by myself, which confirm the results obtained by M. Caillet, and may perhaps be deemed not wholly uninteresting. In 1858, Dr. Wahu, staff-physician to the army, having succeeded with this remedy in curing the painful diseases in question, I resorted to the same method, and with the greatest benefit in four cases. I may here remark that ulcers above the nails are occasionally observed among our soldiers, having escaped the attention of the medical boards, or being caused by the pressure of the boot during forced marches. Under these circumstances a *prompt* and *painless* cure may be effected by inserting *dry* sesquichloride between the nail and the protruding flesh, and powdering the latter with the same substance. A large bandage should be applied over all, not impregnated with the *liquid* sesquichloride of iron, as recommended by Dr. Caillet, a precaution which may, however, be useful, as the folds of the band dry rapidly, and preserve their situation in a more exact manner.

On the following day, the exuberant flesh is found to have acquired the hardness of wood; suppuration speedily ceases, and a cure follows after two or three applications. This simple and mild treatment is obviously far preferable to the numerous surgical procedures hitherto recommended. In the course of four or five days, in a week at the farthest, the original pain ceases, the swelling subsides, and the patient is able to walk. Naught remains but the hardened, protruding flesh, which falls away about a month after the application of the sesquichloride of iron. These are the results yielded by the method in four soldiers suffering from the growth of the nail into the flesh. They have appeared to be sufficiently remarkable to warrant the communication.—*Jour. Med. et Chir.*

ON THE TREATMENT OF ECZEMA.

By Dr. J. WALLACE, Dalston, Carlisle.

[We give one out of several cases related by Dr. Wallace, to illustrate a mode of treating eczema, which we have ourselves followed for many years, and which we know is usually most successful. The plan of treatment consists in getting the patient or nurse to keep the parts continually moist with lint saturated with a very weak alkaline lotion. The proper strength is about half a drachm of carbonate of soda to eight ounces of water. It is a *sine qua non* that the lint should never be allowed to dry, otherwise the application is worse than useless.]

Case.—A. B., a quarryman, aged thirty-four, consulted me in October, 1861, who had a skin disease of six years' duration, extending over both cheeks, of a circinate form, and communicating over the nose. Had been in two infirmaries, consulted many medical men, and had all sorts of ointments and lotions applied, which invariably made the disease no better, and oftener worse. In every other respect he was healthy. On examination, the diseased surface presented the appearance of dry, indurated, laminated scales, firmly impacted, overlaying and dovetailing with each other, so as to form a crust about one-eighth of an inch, nearly, in thickness, over both cheeks. On the nose it was thinner and moist. Round the margins was a slight erythematous blush, the incrusted morbid epithelium flattening off to the healthy skin, and at the junction of the two a watery fluid, he said, sometimes oozed. On careful and repeated inquiry, it was found that at first there was no hard incrustation, but that a raw surface had oozed a watery fluid, etc.; in short, that it was eczema utterly changed in its character by the multiplicity of intended remedial applications—the last one having been mercurial ointment. He was ordered to apply the alkaline wash—a drachm of carbonate of soda to half a pint of pure water—by means of lint and a mask; the lint to be moistened three or four times daily with the lotion, and, as he was working in a quarry, to be moistened with pure water frequently from without, as he found it becoming dry. Also to take fifteen minims of the tincture of the muriate of iron, thrice daily, in water. In four days the crusts came off, and a healthy skin was partly formed over

the diseased surface. It went on improving, and in three weeks the disease had vanished, and his face was, as he expressed it, "like other people's."

I put more faith in the external application than the internal alkaline remedies with arsenic, although I do not ignore the latter; but I have cured eczema, again and again, by means of the former only. What the therapeutic action of the alkaline lotion may be, is a matter of speculation. It has peculiar local sedative effects, while it is also gently stimulating; but may there not be some peculiar organic acid which by an irritating influence raises the eczematous vesicles and sustains the acrid discharge, which it neutralizes and ultimately destroys, so as to permit the speedy formation of new cuticle? Whether or not this may be the case, pathology will ultimately reveal; but, in corroboration of this idea, I have often found the alkaline lotion of great use in old constitutional and irritable ulcers, evidently from the same cause; and, indeed, the chief ingredient in every old wife's herb-salve in the country is alkaline.—*Lancet, Aug.* 29, 1863, *p.* 259.

ON THE TREATMENT OF RHEUMATIC FEVER.

By WILLOUGHBY F. WADE, M. D., M. R., C. P.

Senior Physician to the Queen's Hospital, Birmingham.

The few remarks I have to make refer chiefly to the treatment of rheumatic fever; still there are one or two points to which I should like to allude first.

Rheumatic Fever seems a more appropriate term than Acute Rheumatism, inasmuch as, by the consent of probably all pathologists, the disease is now esteemed to be an essential fever, rather than a pyrexia consequent upon, and therefore indicative of, local disorder. Most of us must have seen cases in which the febrile symptoms were well developed, whilst the joints remained little or not at all affected. Graves particularly notices this feature, which is also recognized by Latham and Fuller. Now, this is characteristic of idiopathic fevers; nevertheless, in rheumatic, as in typhoid, fevers, the pyrexia may be re-excited or maintained by an accession of new or an aggravation of old local disorder. This fact, as connected with continued fever, has been thrown into relief by Dr. Jen-

ner—"the Dr. Jenner of our day," as Dr Watson so gracefully styles him. Attempts have been made to determine the exact nature of the *materies morbi rheumatici*. Lithic acid, lactic acid, and an undue preponderance of fibrin in the blood—hyperinosis, as it is termed—have each been claimants for this bad pre-eminence. Their respective titles to this position I shall not now occupy time in discussing, inasmuch as the question of the exact nature of the rheumatic poison, if such poison there be, is still, in my opinion, an open one.

With regard to the superabundance of fibrin in rheumatic fever, which I believe to be an admitted fact, it has recently acquired additional importance. We know how rare is delirium in this disease, whatever its severity. True, it is not unknown, but when present, it would seem to depend upon some peculiar and not well understood condition, and not to be proportioned to the intensity of the pyrexia simply, as in other fevers. Now, the researches of Drs. Charles Hood, Marcet, Erlenmeyer, and Hittorff seem to show that there is always a marked deficiency of fibrin in the blood of maniacs, either acute or chronic. A similar condition was found by Andral in idiopathic fevers, of which, when at all severe, delirium is so common a feature. Are we, then justified in suspecting that there is any connexion between the hyperinosis of rheumatic blood, and the infrequency of delirium in rheumatic fever? A therapeutic test would seem to show that when delirium does occur in this disease, the condition of the system approaches that of typhus. I have seen several well marked cases—one some years ago, which was treated, I forget how, but certainly not with stimulants. It terminated fatally: no marks of inflammation were found in the head. Three others have been under my own care during the past two years—one in the Queen's Hospital, surpervening on diarrhœa and attended with bedsore, which recovered perfectly under the use of wine in considerable quantity. The third case, which I saw at Dudley in consultation with Mr. Fereday, also supervened upon diarrhœa, and also recovered upon a freely stimulating plan. These three patients were females. A fourth case, in a man, likewise supervened on diarrhœa, and recovered after free stimulation. The occurrence of diarrhœa in those cases, and their recovery under a highly stimulating plan (recommended first by Dr. Todd), connect them with cases of what were termed by Dr. Marshall Hall the "hydrencephaloid" disease of children, of which diarrhœa is commonly the precursor, and which is also to be best met by stimulants.

This infantile disorder did not escape the acute observation of Dr. Gooch.

Two more cases have come under my notice since the preceding remarks were written. One was complicated with extensive pneumonia. Both supervened upon diarrhœa, and both recovered under the free use of stimulants.

This hyperinosis of rheumatic blood has other significant connexions. A similar peculiarity is exhibited by the blood of anæmic patients. Now, we have all heard of anæmia as a sequela and result of rheumatic fever, but we hear little or nothing of what I believe to be far more common—namely, rheumatic fever as a sequela of anæmia. A deficiency of red corpuscles is one of the most common prodromata of the malady. This fact has been concealed by two circumstances. In the first place, when large bleedings, low diet, and inefficient medication were employed in its treatment, with a consequent prolongation of the disease over months, instead of weeks or days, it seemed superfluous to inquire whether the patient had been previously anæmic. In the next place, the flushed countenance and hard full pulse of the fever disguise the ordinary symptoms of anæmia—pallor and feeble pulse,—which do not become manifest until the pyrexia has passed off, and are then attributed to its vehemence. We are often similarly misled in cases of chlorosis. When the patient is first seen, the face flushes with excitement, and the heart's action is stimulated by the same cause; and it is not till this simulation of health has subsided that we discover the well-known proofs of anæmia. I venture, then, to affirm, that in most cases of rheumatic fever we shall be able to elicit a previous history of that debility which is a common concomitant of deficincy in the red globules of the blood. And another feature of such blood—viz., its excessive proportion of fibrin—is, we know, a most constant if not essential characteristic of rheumatic blood.

I will now pass on to the treatment I adopt in cases of uncomplicated rheumatic fever—that is to say, the routine treatment; for I contend that whilst different cases may present differences requiring certain modifications, yet, on the whole, there are few diseases which are more constant to their respective typical forms, and, if we are to admit the propriety of routine treatment at all, we may safely include this complaint in the category of diseases which may be so dealt with.

I may state that for many years I have paid especial attention to this subject, and when I first went to the General Hospital as house-physican, now eleven years ago, I had, by the

kindness of the then physicians to that institution, ample opportunity for employing the various plans recommended by authors.

The first thing to be done, then, is to put the patient in bed, and wrap up each joint in a thick layer of cotton wool, secured but not too tightly, by a tape or bandage. This answers two purposes: in the first place, it preserves the joint from pressure, and so removes one great source of pain and apprehension; in the next place, it preserves a uniform warm temperature of the joint favorable to perspiration, which, being highly acid, we suppose to contain either the actual *materies morbi* or else some of its secondary products, retention of which within the system can not be otherwise than prejudicial. Besides, the presence of this acid in the blood supplied to the joint we are led to believe to be the chief cause of the affection; its removal, therefore, even in small quantity, from the joint tends to cure the local disease, though it may produce but little effect upon the general symptoms. Dr. Todd recommends that a layer of oiled silk be wrapped outside the cotton wood; and he adds that, when removed, the wool will be found completely saturated with moisture. True, if we confine all the perspiration of twenty-four hours by means of the impervious coating, the wool will become moist, but this is no proof that there has been more fluid secreted than there would have been had it escaped as soon as formed; I think, indeed, we are likely to have less. However, if any one chooses to adopt this method, I would recommend them to add to the wool a quantity of finely powdered alkali (soda or potash).

Dr. Fuller relates some experiments bearing upon this point. He found that more speedy relief has been obtained by applying an opiated alkaline lotion to the joint than by warm water, solution of nitrate of potash, or simple alkaline solution. He goes on to say, "That the effect observed to follow these saline fomentations has not been due to accidental causes is manifest from the result of careful experiment; for, in order to guard against any source of fallacy, I selected fourteen instances in which corresponding joints were affected, and applied a fomentation of warm water to the one joint and an alkaline and opiate solution to the other, and almost uniformly the pain and inflammation continued in the former, and speedily subsided by the latter. Besides this, I have endeavored to ascertain whether the occurrence of inflammation may not be prevented in impregnating the parts with alkaline matter. In nine cases in which the knees and in severe cases in which the hands

were in the first instance unaffected, a mixed saline and opiate solution was applied to one joint, and a simple water fomentation to the corresponding joint on the other side. In four of the former cases, and in two of the latter, the joint to which water only had been applied became inflamed, whilst in one instance only did inflammation occur and that to a very slight extent, in the joint which had been bathed in an alkaline and opiate solution."

These applications might, I think, be used more frequently as preventives of pericarditis. There seems, for example, to be an unusual tendency to pericarditis in rheumatic fever secondary to scarlatina. Of this form of disease I have seen five instances; in four of these there was pericarditis, complicated in two of them with pneumonia. The pericarditis was in the four cases, of unusual severity and importance. The fifth case, sister of one of the others, was the only instance of scarlatinal rheumatic fever in which spongio-piline saturated with a solution of bicarbonate of potash (half an ounce to eight ounces) was applied to the precordial region, and the only one in which pericarditis did not supervene.

I think the patient's comfort is best secured by a simple application (cotton wool), which does not involve a redisturbance of thepart, to the inflamed joints, and by letting the others alone. This being done, I administer a dose of calomel of from five to ten grains in combination with from thirty to sixty grains of the compound jalap powder. In a few hours this produces several copious evacuations containing much bile and causing a soothed and comfortable feeling as soon as the patient has recovered from the pain and fatigue consequent upon its operation. Indeed, a beneficial effect is oftentimes perceived by the patient some time before any ostensible results have ensued.

Independently of the value which experience awards to this plan as applied to rheumatic fever, we know that in other active febrile disorders a purge containing calomel relieves the systemic irritation in a marked degree. Besides, one of the commonest precursors of rheumatic fever is a yellowness of the sclerotics, which, as well as the irregular state of the bowels and unhealthy character of the motions, indicates the desirability of acting upon the hepatic system. This plan, indeed, has been adopted to the exclusion of all other medication. Dr. Chambers, who was a skilful as well as a fashionable practitioner, was in the habit of prescribing ten grains of calomel every night and a draught of salts and senna the following morning, as Dr. Latham informs us, with much success.

There is this reason against adopting it exclusively: the disturbance of the patient is very painful and distressing, and I think that after the free operation of the single dose, he may be spared all necessity for this disturbance by adopting another plan for three or four days, by which time his movements will be comparatively unrestricted. Dr. Latham points out that whilst Dr. Chambers' method is styled "the purgative plan," yet its purpose is achieved by calomel and purgatives conjointly. "The purgatives," he says, "would not answer the end without the calomel; of that I am quite certain. Neither would the calomel answer without the purgatives, unless it produced of itself ample evacuations from the bowels. It is probable, in short, that the medical efficacy of the plan resides essentially in the calomel; in calomel, however, not as *mercury*, but as itself—calomel." But it often happens that a patient has taken a quantity of purgative medicine before we are called to him. I am so convinced of the efficacy of the calomel that even under those circumstances I still administer it; but, instead of combining it with a purgative, I added ten or fifteen grains of Dover's powder, which acts as a calmative and promotes perspiration, without diminishing, even if it does not increase, the cholagogue properties of the calomel.

[*To be continued.*]

EDITORIAL AND MISCELLANEOUS.

Illinois State Medical Society. — It gives us pleasure to direct attention to the notice of the Annual Meeting of this Society, which is contained in another part of this number of the *Journal*. We hope to see every section of the State well represented. Provision is made in the Constitution of the Society whereby *all* who attend may participate in the proceedings of the meeting. At this meeting, delegates will be selected to represent the Society in the next meeting of the American Medical Association, a notice of which will also be found in this *Journal*. Let the Annual Meeting in Chicago, in 1864, be worthy the State. We assure our brethren a cordial welcome.

The Best Diuretic.—Dr. A. P. Davis, of Sandford, Ind., writes us that the common Hazel-nut Shrub (*Corylus Americanus?*) growing all over the Western glades, is one of the best diuretics in use. A decoction made of the young shoots and drank freely is the most convenient mode of administration.

A Misappropriation of Public Funds.—The prosecution in the Court-Martial upon Surgeon-General Hammond has recently closed without establishing one of the charges set forth in the indictment against him. It is to be regretted that a quarter of a million of the public money should have been thus expended in a vain attempt to blast the reputation of an officer whose administration of one of the most important Government Bureaux has challenged the admiration of the medical profession of this and foreign countries.—*American Med. Times.*

MEDICAL MATTERS IN VICKSBURG.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The medical affairs of the Gibralter of the Mississippi, held by the Union forces since the 4th of July last, may perhaps possess some interest for the profession at large, as well as the medical department of the army.

At the time of the first occupation of the city by General Grant, the Medical Director of the Department of the Tennessee was Surgeon Madison Mills, U. S. A., who was soon succeeded by Surgeon John Moore, U. S. V. This gentleman still continues in the office, and lately made a tour of inspection of the hospitals of Vicksburg. I freely bear testimony to the efficiency and courtesy of Dr. M., during my term of service in that department. Through the politeness of my friend and pupil, Thomas C. Coxe, Medical Cadet, I am enabled to present a few facts in relation to the hospitals there.

He says:—"Hospital No. 2 has two hundred and fifty-three patients, under charge of Surgeon Hill, 20th Ohio Vols.; the 'Marine,' under charge of Surgeon Kemble, U. S. V., has two hundred and seventeen patients. The Marine is now more generally known as 'No. 3.' The McPherson Hospital, under charge of Surgeon E. Powell, 72d Ill. Vols., has one hundred and thirty. These are all the General Hospitals now in the

place.....They all draw full, or nearly so, ordinary rations, while for the lighter articles of diet for the sick, they depend almost entirely upon the 'Sanitary Commission,' whose agency here is well supplied with everything needful, which they issue liberally." Fresh fish and some few vegetables and fruits can be obtained from the market.

Vicksburg, it is well known, is situated in a district of country where fruits, such as peaches, apples, plums, cherries, etc., are easily cultivated. Melons, cabbages, tomatoes, potatoes, and other products of the garden were plentiful before the breaking out of the rebellion. The grounds around the city at present, however, are necessarily but little cultivated, and the belligerent forces destroy what is produced. The Sanitary Commission do a good work in supplying this deficiency from the rich fields of the West The onion patches of Wisconsin, the potato fields of Indiana and Illinois, contribute largely, through the Commission. Here I must express my opinion on the value of the preparation called dessicated vegetables, so common in the army (an Eastern production, I believe). They are, in my estimation, when *properly cooked*, a most excellent substitute for the fresh article.

"Surgeon J. H. Boucher, U. S. V., is the Medical Director of the Corps (17th, McPherson's); but being temporarily absent with the expedition, Asst. Surg. C. D. Davis, 17th Wis. Vols., acts in his place. Brig. Gen. McArthur is Commander of the post.

"Asst. Surgeon Ridgely, U. S. A., has turned over the Purveyor's office to Dr. Morrison."

The health of the city itself has been attended to by Surg. Churchman, U. S. V., who was appointed to the position of "Health Officer" shortly after the surrender. The chaos of unhealthiness, in which Dr. C. found the city, was soon reduced to order and cleanliness. The sick and dying negroes were removed to hospitals outside of the town; the dead mules and other animals were buried or thrown into the river; the streets, lanes, alleys, cellars, and garrets were carefully and vigorously policed, and due attention was paid to the health of the citizens in every respect. A very few of the physicians remained and practiced their professions as before. Dr. C. is energetic and efficient, and performs his duties conscientiously. He is one of the few who had left the Slave States (Virginia) before the war, from feelings of repugnance to the "peculiar institution."

Dr. Powell is well known throughout the country as a contributor to the *Chicago Medical Journal*, and as a teacher,

formerly, in the "Rush Medical College," of that city. My impressions, from the intercourse I had with all these gentlemen, are pleasant and lasting; and I shall long remember the laborious and exhausting service which we performed together before, during, and after the siege. Long live our faithful comrades of Vicksburg——and let me ask in conclusion, why have not some of them been promoted to higher stations, with the Generals and other military officers? Yours, etc.,

JAMES BRYAN, *Surgeon U. S. Vols.*

141 MONTAGUE ST., BROOKLYN, Feb. 27, 1864.

Indigenous Drugs.—Now that almost every article of foreign production costs at least twice as much delivered in New York as it was sold for by the London dealer, the question naturally arises—Is there no possibility of our superseding articles necessarily imported from abroad by American productions thus reducing the now enormous cost of drugs to the consumer, and restoring the greatly reduced profits of the dealer? Against the attempt to bring in an indigenous plant for use in medicine, the traditional reputation of the old and long tried *remedies* is constantly arrayed. The writings of physicians of half a century ago still furnish the staple of much of the teaching in our schools, and our text-books are occupied with elaborate descriptions of remedies, some of which are now rarely attainable, while their reputation is perhaps chiefly due to their having been "known to the ancients." The absurd adherence of our Pharmacopœia to scammony as an ingredient of our leading popular cathartic pills is an illustration of this conservatism, the practical operation of which is, that some of the officinal formulas are ignored by nine of every ten of the manufacturers who furnish our preparations; and the prices which pharmaceutists can afford to pay with a view to the popular demand being far below the possibilities of the case, we can no more blame the deficiency upon the manufacturer or upon the pharmaceutist than upon the physician or consumers themselves.

It is the misfortune of almost every good thing to be damaged by our zealous advocates, and it happens that, owing to the existence of the sect of the so-called Eclectic physicians, who seem to have founded their system of practice upon the narrow idea that a medicine must be of vegetable origin, and even that it must have grown on American soil, to merit their approval, the true importance of many of our indigenous rem-

edies has gained ground but slowly. The empirical processes of the Eclectic manufacturers, by which the attempt is made to reduce all the indigenous remedies to a uniform form of preparation, unwarranted by a scientific appreciation of their varied composition, has also stood in the way of their reputation. Many of the so-called concentrated remedies are far from representing the drugs from which they were obtained; and any estimate of the therapeutic value of those drugs founded upon experiments with the Eclectic resinoid principles obtained from them, is liable to their real uses and adaptations.

We believe that with scientific pharmaceutists mainly rests the work of bringing the numerous American drugs which are readily obtainable, and many of foreign origin which are capable of easy propagation on our own soil, to a fair trial upon their merits; and we would suggest that every effort in this direction is not only a good business move, but tends directly to promote the prosperity and independence of our own country, and to diffuse its rich and useful productions throughout the world.—*Am. Drug. Circular.*

Pulmonary Congestion in Children simulating the Early Stage of Phthisis.—In a lecture delivered at the Hôpital des Enfants Malades, M. Bouchut summed up his remaks in the following conclusions:—

There are cases of chronic pulmonary congestion which perfectly resemble, in their physical signs, tubercle of the lungs in its first or crude stage. These congestions are asthenic, and are readily cured by the use of sulphureous waters; while true tuberculosis is much less amenable to this treatment.

Chronic pulmonary congestion is observed in children as well as in adults; it is the result of acute congestion, of bronchitis, of pneumonia, either simple or attendant on measles, of rheumatic or herpetic bronchitis, or of pulmonary apoplexy, which has not been entirely recovered from.

A kind of chronic pulmonary apoplexy, characterized by infiltration, destroying the pliability of the lung-tissue, and increasing its density, constitutes the anatomical condition of chronic pulmonary congestion.

Chronic pulmonary congestion may exist alone, and may remain so without the development of tubercle; on the other hand, it is tolerably often only the first phase of phthisis. In the same way as there are chronic hyperæmic states of the glands in children, which may or may not be followed by tubercle, so pulmonory congestion may be found to constitute

the entire disease. Chronic pulmonary congestion must, however, always be looked on with suspicion, because it may be the origin of true phthisis.

Whatever be the nature of the induration of the lung—whether it be from congestion, exudation, apoplexy or tubercle—its effect will be to partially arrest the blood-changes, by impeding the access of air to the pulmonary vesicles, and will produce the same physical signs.

Chronic pulmonary congestion, in scrofulous patients, necessarily leads to phthisis; in plethoric, rheumatic, and herpetic individuals, it remains in the congested or indurated state until resolution takes place.

Nothing has so great a resemblance as chronic pulmonary congestion to the first stage of phthisis; for the physical signs are alike, and the general symptoms are almost the same. The physical signs of chronic pulmonary congestion are, relative dulness of the chest; weakening of the vesicular murmur; prolonged expiratory murmur; some mucous ronchi; and increased vocal resonance—signs generally held to be characteristic of crude tubercle in the lung. The general symptoms are cough, with or without expectoration; emaciation; and sometimes *malaise*, weakness, or a febrile state.

Chronic pulmonary congestion lasts from a few months to several years; but recovery generally takes place, unless the affection become complicated with tubercle. Pulmonary tubercle is very rarely recovered from: most of the alleged cases of recovery have in reality been cases of pulmonary congestion. The disease is more readily recovered from in rheumatic and herpetic than in scrofulous subjects.

The treatment should consist of cod-liver oil in the winter, and of quinine-wine and arseniate of soda in the summer; and the patient should be sent to the sea-side or to the country.—*Brit. Med. Jour.*, Sept. 12, 1863, from *Gazette des Hôpitaux*, 21 July, 1863.

Dietetic Treatment of Albuminuria.—The researches of M. Hamon, contained in a note on albuminogenesis communicated to the Académie de Médicine on the 29th April, 1862, appear to throw considerable light upon the question whether any kinds of aliment increase or diminish albuminuria. He found, for instance, that soft-boiled eggs were very easy of digestion, and exercised a very slight albuminogenic influence, and it has therefore been suggested that in albuminuria an albuminous diet might be ordered, composed principally of soft-

boiled eggs and aluminous water. Vegetable diet has also been sometimes employed in albuminous anasarca, sometimes with partial, sometimes with perfect success. But all kinds of diet that have been adopted in albuminuria are inferior to that of milk, as recommended by M. Guignier. The latter physician adopts the treatment of albuminuria devised by M. Serres, and which is founded on the combination of three plans—namely, the diminution of drink, the milk regimen, and the use of raw onions. The plan consists in choosing the milk with great care as to its freshness and quality, in substituting one milk for another when the first disagrees with the patient, allowing the patients to determine the quantity they drink, uniting lime or magnesia with the milk when it causes acidity and abandoning the treatment at the end of twenty days, if it has not produced a decided good effect. M. Guignier believes that the diuretic property of the raw onion has a beneficial effect upon the disease, and that these vegetables ought to form part of the milk regimen. The editor of the *Bullétin Génèral de Thérapeutique* thinks that albuminuria may be cured by dietetic means, if they are adopted early, when the effusions are recent, and before the albuminuria has lasted long enough to have produced in the renal tissues the organic changes which place the case beyond the hope of cure.—*Brit. and For. Med-Chir. Rev.*, July, 1863, from *Bul. Gén. de Théra.*, March, 1863.

BOOK NOTICES AND REVIEWS.

Proceedings of the American Pharmaceutical Association at its 11th Annual Meeting, Held in Baltimore, Md., Sept., 1863. *Also the Constitution and Roll of Members.*

This is a very interesting work of more than three hundred pages, issued by J. B. Lippincott & Co., of Philadelphia. The report on the progress of Pharmacy is an epitome of much useful knowledge, and is the more valuable from indicating the works that treat of the different articles that are passed in review. The Committee on the Drug Market, acting under instructions "to report on the fluctuations in the supply and demand of Drugs, their variations in quality and adulterations and sophistications," have made a report on their examination of a few articles of prime pharmaceutical and medicinal importance that will scarcely increase the confidence of physicians

in the purity and activity of the medicines they prescribe. We quote the report on Sarsaparilla: "During the past year, the market has been repeatedly searched, in vain, for a single parcel, no matter how small, of the true Rio Negro Sarsaparilla. This, the most valuable, if not the only valuable variety of Sarsaparilla, has entirely disappeared from the market, and would probably be forgotten in the channels of trade, except that some of the makers of syrups and extracts still represent their preparations as being made from it."

Of seven specimens of Æther Fortior, two are reported as officinal and right in all important respects, and five as unfit for use. Of ten specimens of Chloroform, "not one was up to the standard in freedom from foreign compounds, though five were so nearly up to it as to be considered very good. The remainder were less clean, though, with one exception, not very unclean. One was very bad, unfit even for external use." The report concludes, "Neither the pharmaceutist nor the physician should ever permit chloroform to be used as an anæsthetic without first submitting it to the officinal tests." The "Proceedings" give us pleasing evidence of the vitality of the Association and of the good it is accomplishing to Pharmacy and Medicine.

A Treatise on Human Physiology; Designed for the use of Students and Practitioners of Medicine. By John C. Dalton, Jr., M. D. 3d Edition. Revised and Enlarged. Blanchard & Lea. 1864.

This work, recognized as a standard text-book by the medical schools, and with which the members of the profession are so familiar, demands but a brief notice. Its popularity is attested by the rapidity with which former editions have been exhausted. The following extract from the preface to the present edition indicates the changes that have been made in the work: "The improvements and additions which have been introduced consist in the incorporation into the text of certain new facts and discoveries, relating mainly to details which have made their appearance within the last three years. Such are the experiments of the author with regard to the secretion

and properties of the parotid saliva in the human subject, and the quantative analysis of this fluid by Mr. Perkins; the valuable observations of Prof. Austin Flint, Jr., on Stercorine, Cholaterine, and the effects of permanent biliary fistula, and those of Prof. Jeffries Wyman on Fissure of Hare-lip in the Median Line, from arrest of development."

Enlarged and Revised to 1864. *The Medical Formulary.* Being a collection of Prescriptions, derived from the Writings and Practice of many of the most eminent Physicians in America and Europe, etc., etc., etc. By Benjamin Ellis, M. D., late Professor of Materia Medica and Pharmacy in the Philadelphia College of Pharmacy. Eleventh Edition. Carefully Revised and much Extended. By Robert P. Thomas, M. D., Professor of Materia Medica in the Philadelphia College of Pharmacy. "*Morbos audene non eloquentia sed remedis curarè.*"—Cels. De Med., Lib. 1. Philadelphia. Blanchard & Lea. 1864.

We sometimes hear objections urged to the use of printed formulæ, as unworthy the attention of an educated physician; insisting that as the phases of disease are varied almost infinitely, so should the prescriptons vary also, and that this can only be done at the bed-side of the patient. This may be true to some extent, in theory, but in practice a large majority of the members of the profession frankly confess that the elegant and judicious formation of prescriptions is one of the difficulties which the young practitioner of medicine is obliged to encounter. And we are free to say that he must be a most accomplished physician who can glean no new or valuable idea from the "Medical Formulary."

That this work is highly esteemed by the profession throughout this country is manifest from the fact that we have before us the Eleventh Edition. The work was undertaken to aid the young practitioner in his first experiences, to furnish models for extemporaneous formulas, the proportions of which may be increased or diminished according to the age, sex, constitution or idiosyncrasy of the patient, all of which are to be taken into consideration, as well as the climate and peculiar epidemic which may be prevailing.

"It contains in a condensed form, and we think advantageously arranged, many of the most important prescriptions employed in modern practice."

"The application of remedies to diseases has been generally left to the judgment of the practitioner, and therapeutical detail as much as possible avoided, as it would have been inconsistent with the nature and design of the work."

The arrangement of the book is based on Chapman's old classification, so that we not only have elegant models of prescriptions furnished us, but these models presented in classes, which are of themselves a sort of suggestive system of Materia Medica.

We cordially endorse the favorable opinion which the profession has for so long a time entertained of this work, and commend it as worthy a place in the library of every physician.

Medical Publications Received.—

Twenty-First Annual Report of the Managers of the State Lunatic Asylum for the Year 1863. **Transmitted to the Legislature of New York. 1864.**

Eleventh Annual Meeting for the Years 1861–2, *and* 3, *of the Illinois State Medical Society.* **Held at Jacksonville, May 5th, 1863.**

The New York Medical Independent and Pharmaceutical Reporter. **Weekly, at $2,00 per annum.**

The People's Journal of Health. **Edited by Justin Hayes, M. D., and C. R. Blackall, M. D. Chicago.**

Laryngoscopal Medications. **By Louis Elsbery, A. M., M. D.**

The following obituary of Dr. York has been kindly furnished us by his intimate friend, B. F. Swafford, M. D., of New Goshen, Ind.

Dr. Shubal York, died by the hand of an assassin, at Charleston, Illinois, March 28th, 1864.

Dr. York was born in Randolph County, North Carolina, about the year 1816. His parents, though respectable, were in moderate circumstances; hence all the education they were able to give their son was such as the common schools of the country afforded. Young York emigrated with his parents to Illinois, in the year 1834; taught school for a while, and then entered the office of Drs. Steele & Willard as a student of medicine. After a course of office instruction he began practice in 1840, without taking his degree; he, however, graduated at the Cleveland Medical College, some years later, with high honors.

Both in his profession and in the sciences which go to make up a sound education, Dr. York was a man of extensive learning; in the former he was decidedly a progressive man, always fully up to times, and gathering information from every available source. On the breaking out of the rebellion Dr. York took decided grounds in favor of his country, left his lucrative practice and quiet home to accept a position as Surgeon of the 54th Ill. Vol. Infty., which position he held with honor to himself and advantage to the service until his death. Dr. York was plain in his dress, temperate in his habits, unaffected in his manners, in conversation witty and vivacious, as an orator, eloquent and pungent, as a debater, adroit and logical.

But it was in private life where he manifested those qualities which won him so many friends; whether we consider him as a Christian, a citizen, or a humanitarian, we find him discharging all duties with a conscientiousness rarely met with among men. Though he now sleeps peacefully in the last resting place of man, his memory will ever be cherished until those who knew him sleep with him. We can only say, Devoted Christian, Generous Friend, Courteous Gentleman, farewell.

Death of Dr. O. L. Leonard.—At the meeting of the Chicago Medical Society, on Friday, April 1st, the following resolutions were adopted:

Whereas, in the order of Divine Providence, our friend and colleague, Dr. O. L. Leonard, has been called from our midst,

Resolved, That, while deploring his death, as the loss of a Christian gentleman, and a kind and faithful fellow laborer, we bow with humility before the will of Him who is alike infinite in wisdom and beneficence.

Resolved, That we recognized in our departed Brother those honorable and noble qualities of the mind and heart that endeared him alike to his family, his patients, and his confreres.

Resolved, That we hereby tender our heartfelt sympathies to the family of our deceased associate.

Resolved, That the Secretary of this Society be directed to present a copy of these resolutions to the relatives of the Deceased, and to request their publication in the Medical Journals and the newspapers of this city.

E. Marguerat, M. D., *Sec'y.*

DEATH OF DR. FRANKLIN BACHE.—Our readers will hear with regret of the demise of this distinguished physician and chemist, which occurred at his residence in Philadelphia on Saturday afternoon, March 19th. Dr. Bache had been ill but about a week, and had shown no symptoms of declining health until the attack which terminated his long and useful life. He delivered his full course on chemistry in Jefferson Medical College during the past winter, and was even present at the party given to the graduating class on the evening of the 10th of March. By his death the medical profession loses one of its brightest ornaments, a man pre-eminently distinguished for his sterling integrity and uncompromising adherence to truth —the first requisites in a man of science. Dr. Bache was born in Philadelphia, October 25, 1792; he graduated as bachelor of arts in 1810 at the University of Pennsylvania, and four years afterwards took his degree in the medical department of the same Institution.

He served several years in the army as surgeon, and afterwards commenced practice in Philadelphia, occupying several medical positions, and lecturing from 1826 to 1832 in the Franklin Institute of Philadelphia. In 1831 he succeeded Dr. Wood as Professor of Chemistry in the Philadelphia College of Pharmacy, Dr. Wood being transferred to the chair of Materia Medica. The intimacy formed between these two eminent men led them to co-operate in the production of a much needed work for which they possessed remarkable qualifications, and in 1833 the United States' Dispensatory appeared. Its success, and the manner in which it has informed and educated the physicians and pharmaceutists of the United States, are matters of history. The U. S. Dispensatory, after numerous revisions, continues now the indispensable handbook of every pharmaceutist and physician in this country, and is widely diffused in Europe and wherever the English language is read. In 1841 Dr. Bache wes elected Professor of Chemistry in the Jefferson Medical College, a position he occupied till the time of his death. He also enjoyed many evidences of the esteem of his fellow-citizens and the profession; was an ex-President of the American Philosophical Society; Vice President of the College of Physicians of Philadelphia, and President of the Deaf and Dumb Asylum.

Dr. Bache was the eldest son of the eldest grandchild of the great Dr. Franklin, and inherited some of the traits of his illustrious ancestor, which will place his name in a high position among American Philosophers.—*Am. Drug. Circular.*

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We solicit the attention of Physicians to this ingenious instrument, of simple construction, cutting the skin and inserting the virus in one operation, which is instantaneous. It has met with the unqualified approval of every Physician who has used it.

BALTIMORE, MD., Nov. 19, 1863.

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3d. It is admirably adapted to timid children, the operation being instantaneous, and accompanied with so little pain as in many instances not to disturb children when asleep.

4th. It is of inestimable value by enabling the Physician to determine whether the operation is successful, for this reason: the wound inflicted by the instrument is so trivial, that the too early appearance of inflammation would prove to be the result of spurious matter or of a vitiated system.

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S. T. KNIGHT, M. D.,
Health Commissioner.

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